



MITCHELL E. DANIELS, Jr., Governor
STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY JOSEPH E. WAINSCOTT, JR., EXECUTIVE DIRECTOR

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**EMERGENCY MEDICAL SERVICES
TECHNICAL ADVISORY COMMITTEE MINUTES**

DATE: October 5, 2010
 10:00 A.M.

LOCATION: Decatur County Sheriff's Department
 315 S. Ireland St.
 Greensburg, IN 47240

MEMBERS PRESENT:	Leon Bell	Chairman, ALS Training Institute
	John Zartman	Vice-Chairman, ALS Program Director
	Tina Butt	Secretary, 1 ST Responder Training Director
	Sara Brown	EMS Medical Director
	Stephen Cox	EMS Chief Operating Officer
	Sherry Fetters	EMS Chief Executive Officer
	Charles Ford	EMS Chief Executive Officer
	Michael Gamble	Emergency Department Director
	Valerie Miller	Emergency Department Director
	Elizabeth Weinstein	EMS for Children

MEMBERS ABSENT:	Faril Ward	EMS Chief Operating Officer
	Edward Bartkus	EMS Medical Director
	Michael McNutt	BLS Training Program Director

OTHERS PRESENT:	Rick Archer	State EMS Director
	Bruce Bare	State EMS Section Chief
	Becky Blagrove	IDHS

A) Call to Order: Meeting was called to order by Chairman Bell.

B) ROLL CALL: Quorum present.

C) Adoption of minutes:

John Zartman offered a motion to adopt the minutes. The motion was seconded by Sherry Fetters. The motion passed.

D) Public Comment - None

E) Announcements

Chairman Bell

I. At the last EMS Commission meeting, the Commission took action on the proposed trauma rules and voted to send an amended set of trauma rules that consists of 6 clauses. The 6 clauses include: local medical direction, patient rights, go to a trauma center, call a helicopter, ACS guidelines. In essence leaving it to the local medical director to set protocols following the American College of Surgeons and CDC Trauma Guidelines.

Mr. Rick Archer

I. 6 of the 10 EMS Forums have been held to date. The attendance has been a little low, but there has been good representation from EMS stakeholders. Some of the discussion included for Indiana to adopt the new Educational Standards as a floor. There are concerns regarding the EMT-Basics still being able to use non-visualized airways. There are some mixed emotions on that. There is some support for adopting the new first responder but leaving the testing here in Indiana. Mr. Archer stated that the forums have been well received and seemed to have been very informational for everyone and there is support for working on the Vision for the Future here in Indiana.

F) Old Business

I. Chairman Bell stated the TAC had asked the EMS Commission for all assignments in writing. The commission has agreed to do that. As far as the current subcommittees, we are done with the Trauma rules. We have the 24 hour coverage and defensive driving, the curriculum, and the drug/alcohol testing subcommittee.

1. Curriculum subcommittee - Mr. Zartman stated everyone has seen the Power Point presentation put together by Mr. Bare regarding the National Education Standards and what is current in Indiana. There have been some good questions at the forums. The Curriculum subcommittee has come up with recommendations that are similar to what Mr. Archer had stated earlier. Mr. Bare commented that besides the non-visualized airways for the EMTs there has also been support for single lead ECG interpretation to remain in place for the Advanced EMTs. Mr. Bare stated which leads us away from adopting the new standards as a whole and we end up with additions that Indiana has to create curriculum and testing for. This would have to include anyone coming in from another state. So this does present additional issues that will need to be addressed if items are added. Mrs. Butt asked Mr. Bare if he has had any issues with Advanced EMTs who work for hospitals and have been taught skills outside of their current scope of practice. Mrs. Butt has had discussions with individuals who are angry that they might lose so many skills that are not advanced EMT skills now. Mr. Bare stated that is an issue. He stated most of the discussion has been regarding the Intermediate level. Chairman Bell state the bridge course from Intermediate to Paramedic will be discussed later in the agenda.
2. Mr. Zartman referred everyone to the document regarding the National Education Standards and current state practice. After reviewing all the documents the subcommittee recommends adopting the National Education Standards with a few additions. At the First Responder level adding cervical collars, backboards, and the pulse oximetry/CO monitoring. It is also recommended at this level to continue with Indiana performing all the testing for First Responders. With the large numbers of first responders and this being the entry level of EMS there was concerns that the cost of National Registry could be an issue. It is recommended that we keep the certification

- and recertification of the first responders with the Indiana EMS Commission and the other 3 levels initial certification at the National Registry. This recommendation at the other levels is due to the complexity of developing a good valid test and maintaining that test. As far as recertifying we could do either way. You could send the state a copy of your registry card or turn your hours into the state. This would need to be addressed.
3. The bridge course for Intermediate to Paramedic is recommended.
 4. Discussion was held regarding should there also be a bridge course for EMT-Basic Advanced to the Advanced EMT or just drop them back to EMT. There is a concern that there will be providers who will apply for exemptions to increase the level of care by adding select skills as they determine is needed. This would lead us back to a fragmented system. There was further discussion that providers could not apply for waivers on training requirements vs. educational standards.
 5. Mr. Archer brought up the need to spell out the scope of practice at each level. Ms. Feters pointed out that you must be careful not to cap scope of practice because this could affect reimbursement for services. It needs to be adaptable for needed changes. Mr. Zartman stated that the cap needs to happen at the lower levels but the paramedic level can change based on medical director determination for needed changes. Otherwise a few Indiana basic providers get approved for ALS skills at a basic level. This will get assessed as a basic skill for all providers in Indiana and will affect reimbursement. Ms. Feters stated that when the IV skills were approved in Indiana as a basic skill that it cost providers millions of dollars. Ms. Blgrave explained to the TAC that the addition of the IV skill as a basic skill was a statute change that occurred when the Intermediate level was passed and it did not have anything to do with the waiver process.
 6. Chairman Bell recognized 3 motions from the curriculum subcommittee:
 - Adopt the subcommittee overall recommendations on the National Education Standards
 - Adopt the skills as the minimum training and education standards
 - Any future requests for any variances must include a statewide fiscal impact statement
 - Mr. Archer stated that the rule waiver process includes having to have an impact study to show there is not a negative effect on patient care. He also stated to keep in mind there will need to be major rule changes if the New Education Standards are adopted. This is a good time to get started with rule changes. Mr. Archer also pointed out that EMS personnel work in a variety of settings such as hospitals and industry that was never covered by rules in those settings.
 - Ms. Blgrave stated that the rule states that the scope of practice for all basic personnel is the curriculum and the skills approved by the EMS Commission. So that would not need to change necessarily.
 - Mr. Zartman stated there has been some discussion across the state about keeping the current I99 level active until through attrition it goes away. The problem is that as people do not renew their certification an I99 service will have to drop back to the Advanced EMT level decreasing the level of EMS service for that community. So the bridge program for I99 to paramedic needs to be addressed so that this does not become an issue. Discussion continued regarding education standards versus operational issues that would need to be resolved including if the state will allow EMS personnel to keep the current certifications for a time to be determined. Chairman Bell stated that the

education standards need to be resolved and then tackle operational issues.

- Mrs. Butt asked if a current I99 service is allowed to continue when the rest of the state goes to the new levels, would this affect Medicare reimbursement since the I99 level may not be recognized any longer as ALS. The consensus of the group is that the TAC and IDHS present do not know the answer to this. Commissioner Turpen or Commissioner Miller are good resources to address this question.
- Mr. Zartman stated that in talking with Bill Brown from the National Registry. The current recertification process is going to change. If in the future we become dependent on National Registry for certification and recertification there will be changes that we will have to accept. In the current registry policies states that anyone who has not taken a DOT course is not eligible for certification. There are Paramedics in the state that took courses that were not DOT but under the medical license of a physician which was an education process in the early years of Paramedic education in Indiana. This group of Paramedics that are still active will need to be dealt with as a group. National Registry may grandfather them or Indiana will need to carry them. Bill Brown stated this is not possible through the National Registry; however they could take the tests. Mr. Brown stated that anyone who has completed a DOT curriculum even if they did not take National Registry exams is eligible to take the National Registry exams now. Since this is only a concern for new certifications Indiana could require that anyone completing their EMS course after a certain date will have to use the National Registry for final testing and certification. That certification would then be sent to IDHS for Indiana certification to be issued. The National Registry certification could be maintained on recertification for an Indiana certification to be issued.
- Mrs. Butt discussed her concern for the current EMT-Basic Advanced services that have ALS defibrillator monitors that allow cardiac monitoring, Adult AED mode, and manual pediatric defibrillation. With the new Advanced EMT level, the cardiac monitoring and pediatric defibrillation would not be available using their current equipment. This operational issue may or may not pose a problem. The new AHA guidelines are not published and this also could affect current defibrillators.
- Mr. Archer voiced his concern regarding National Registry having enough testing sites in Indiana. Mr. Archer stated that he has a new system that will be online in the future that can do question analysis for the testing process. If we use the National Registry we will not be able to look at the validity of each question on the tests. He would like to have National Registry assure Indiana on test availability and test validity. Mr. Zartman stated that Mr. Brown is willing to meet with the TAC.
- Mr. Zartman made a recommendation that the proposal the subcommittee sent to the TAC dated September 13th, 2010 be adopted and sent to the EMS Commission as the recommendation of the education and training requirements attached document Appendix B.

Motion second by Valerie Miller. Motion passed.

- Discussion continued regarding recommendations for when the implementation should take place. Chairman Bell stated that Paramedic Training Institutions who are accredited have to teach the new Education Standards as a part of the

accreditation. Mr. Zartman recommended that the new Educational requirements be required for all EMS courses except EMR by January 1, 2012. Discussion continued that included is this reasonable for Training Institutions of all kinds and levels to get accomplished. What happens if a Training Institute is ready in 2011 and it is not approved to be started? Mr. Archer stated since the EMS Commission cannot waive its own educational standards by state law the process on how to handle this is going to have to be addressed with the legal department. The TAC needs to decide what recommendations they want to make and he will ask the legal department how or if they can be accomplished. Mr. Zartman made a motion the TAC recommend to the EMS Commission that on January 1, 2012 that students may test at the National Registry for the EMT, Advanced EMT, or Paramedic and/or that EMTs may test at the state level. And beginning on January 1, 2013 all the testing except EMR will be conducted at the National Registry level. Motion second by Ms. Feters.

Motion passed.

F) Subcommittee reports

3. New paramedic program policies and drug screening

Chairman Bell stated that the alcohol/drug screening interim report is with Dr. Bartkus who is attending a National Registry meeting. At this point in the research Kentucky conducts testing, Ohio and Illinois do not. A recommendation will follow in January.

4. 24 hour coverage and defensive driving

Survey has not been created to date. None of the members have experience with formal surveys. If the TAC wants to proceed we might need to hire a professional service.

Mr. Cox stated that in review of the 24 hour coverage rule and discussion with many departments involved in the Indiana Fire Chiefs Association those departments who are primarily provide 911 this doesn't apply.

Mr. Ford informally surveyed private services, both large and small. None of the respondents found it good business to not provide 24/7 coverage. Ms. Feters is concerned that ALS services who have very low volumes find it difficult to provide the coverage as a private provider. Mrs. Butt commented what are rural hospitals to do if an ALS service chooses not to provide 24/7 service. The waiver that was requested was to not have to provide ALS personnel on station at night but have them on call.

Discussion continued as to why this needed a waiver. If the ALS personnel are available to be on call then the run will get made. There is confusion in the interpretation of what 24/7 means. The TAC members interpret it to mean that if the Paramedic is on call to make the run, not necessarily sitting on station. Mr. Ford stated that the term should be engaged to wait, the Paramedic must go when called and has to be ready to go. Ms. Blagrove stated the rule states that there must be ALS coverage 24 hours a day it doesn't specify how this is done. Did the service need to apply for a waiver? It is agreed by all that 911 services and private transports have different circumstances. Chairman Bell is going to ask the EMS Commission to be more specific on what they are asking the TAC to do. Discussion continued regarding what are the possible liabilities in various situations with this issue. Chairman Bell is going to ask the EMS Commission for clarification.

G) New Business: EMS Commission Assignment

- a. A waiver was requested at the last commission meeting for a Training Institute to teach a bridge course for I99 to Paramedic. Staff stated there is a not current rule to allow for the course. The waiver request personnel stated that it has been approved in the past. 2 commissioners have been involved in such courses. The waiver did pass. The commission has asked the TAC to select 2 members with education backgrounds to monitor the course and to report to the commission the progress of the course. This would also include the course success and area for improvement. At the completion of the course make recommendations whether the curriculum should be approved as the bridge course or suggest alternative curriculum that ensure course participants meet the following goals: paramedic certification is achieved with critical thinking skills as required through the current Paramedic certification and that the course is taught by an accredited paramedic training institute. Chairman Bell is requesting the documents that were included in the course application be distributed to the TAC. The course will be held in Evansville. Ms. Feters and Chairman Bell with Mr. Zartman will serve to monitor the course as requested. Chairman Bell will request the commission to require course evaluations be sent to the TAC. Chairman Bell stated that the TAC members monitoring the course will perform some direct observation of classroom and clinicals; they will personally interview the students and medical director. They will assess their competencies through the National Registry Practical Examination. TAC will request a pass/fail report from National Registry. Discussion continued over various aspects of the clinical hours and didactic hours included the current waived course and paramedic programs. State staff is discussing with the legal department the verbiage listed in the rules. It is listed as **THE** paramedic curriculum. The commission may have to waive all bridge courses.
- b. Mr. Zartman has asked for the next commission meeting if the commission could address a moratorium on EMT-Basic Advanced courses as they have done for the EMT-Intermediate.

H) Good of the order: Mr. Cox requested that the TAC meeting be conducted in a more central location and perhaps keeping a consistent location. Chairman Bell stated he would contact a couple of places to secure a more permanent location.

I) Next Meeting: December 7, 2010
Location to be announced

J) Adjournment:
A motion to adjourn was made by Ms. Feters and seconded by Ms. Miller.
The meeting was adjourned.

Approved _____
Leon Bell III, Chairman